

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

OMB No 1545-0047

Open to Public Inspection

A Fo	r the :	2008 calen	dar yea	r, or tax year beginning 07-01	-2008 and ending 06-30-200)9	D Employer ider	ntification number
B Che	ck ıf a		ease	C Name of organization MULTI-SERVICE CENTER			. ,	
- Add	ress ch	unge	e IRS bel or	Doing Business As			23-7120815	
Nan	ne cha	nge pr	int or	Doing Business As			E Telephone nu	mber
— _{Initi}	al retu		pe. See ecific	Number and street (or P.O. hov.)	f mail is not delivered to street addre	ess) Room/suite	(253) 835-7	
— Ten	minatio		struc- ons.	1200 s 336th st No D	i mail is not delivered to street dadi	css) Room, suite	G Gross receipts	\$ \$ 15,783,083
	ended		,,,,,,	City or town, state or country, ar	d 7ID ± 4			
				Federal Way, WA 980030699	IU ZIF T 4			
App	lication	n pending						
				ne and address of Principal O	ficer	H(a) Is this	a group return	for
			DINI D 1200 s	UCLOS 336th st No D		affiliat	es?	⊤Yes ▼ No
				Way, WA 980030699		H(h) Are all	affiliates include	d?
T ax	k-exem	npt status 🔽	501(c)	(3) ◄ (insert no)	1) or			See instructions)
ı w	eb sit	e: 🕨 www m	ultı-serv	/icecenter com		_	Exemption Nur	
			4111 501					
К Туре	e of ord	ganization 🔽	Corporati	on trust association other	>	L Year of For	mation 1971 M S	State of legal domicile
	-	,	·			1	WA	
Pai	rt I	Summa	rv					
				e organization's mission or mo	ost significant activities			
		•		-	loyment and other essential s	ervices		
క		Serving to	v ilicolli	e citizens 100d, shelter, emp	Toyment and other essential s	CIVICES		
5								
Governance	2	Check this	box 🗀	of the organization discontinue	ed its operations or disposed	of more than 2!	5% of its assets	
	3	Number of	voting n	nembers of the governing bod	y (Part VI, line 1a)		3 _	21
e v	4	Number of	ındepen	dent voting members of the g	overning body (Part VI, line 1	b)	. 4 _	21
₽	5	Total numb	erofen	nployees (Part V , line 2a) .			5 _	129
Acuviues &	6	Total numb	er of vo	lunteers (estimate if necessa	ry)		6 _	572
ă.	7a	Total gross	unrelat	ed business revenue from Pa	rt VIII, line 12, column (C)		7a	73,594
	ь	Net unrelat	ted busı	ness taxable income from For		7b	-5,817	
				Prio	r Year	Current Year		
	8	Contribut	ions and	grants (Part VIII, line 1h)			8,107,019	13,794,407
≗	9			evenue (Part VIII, line 2g)		_	729,728	647,871
Revenue	10	=		ne (Part VIII, column (A), line		28,758	10,733	
Ä	11			art VIII, column (A), lines 5,			5,045,777	1,310,820
	12		-		qual Part VIII, column (A), lır		3,043,777	1,310,020
	12	12)	inac ac	ia inies o tinoagn 11 (mast c	quair are viii, column (///, m		13,911,282	15,763,831
	13	Grants an	ıd sımıla	r amounts paid (Part IX, colu	mn (A), lines 1–3)			0
	14	Benefits p	aid to o	r for members (Part IX, colum	nn (A), line 4)		3,684,733	4,806,725
	15	Salaries,	other co	mpensation, employee benefi	ts (Part IX, column (A), lines	5-		
Expenses		10)		, , , ,	, , , , , , , , , , , , , , , , , , , ,		2,885,315	3,278,267
æ ï	16a	Professio	nal fund	raising fees (Part IX, column	(A), lıne 11e)			0
ੜੇ	ь	(Total fundr	aısıng exp	penses, Part IX, column (D), line 25	218,676			
ш	17	Otherexp	enses (Part IX, column (A), lines 11	a-11d, 11f-24f)		7,939,853	7,091,445
	18	Total exp	enses—	add lines 13–17 (must equal	Part IX, line 25, column (A))		14,509,901	15,176,437
	19			enses Subtract line 18 from			-598,619	587,394
ው ው						Reginni	ng of Year	End of Year
<u>.</u>	20	Takalas	oto /D-	+ V June 15 \			-	
9.55 19.55 19.55 19.55	20		•	t X, line 16)			8,613,933	11,374,447
Net Assets or Fund Balances	21	Total liab	ılıtıes (P	art X, line 26)			3,729,132	5,908,419
_	22	Net asset	s or fun	d balances Subtract line 21 f	rom line 20		4,884,801	5,466,028
Par	t II	Signati	ure Blo	ock				
					d this return, including accompanying			
		and belief, i	t is true, c	correct, and complete Declaration of	f preparer (other than officer) is base	ed on all informati ı	on of which prepare	r has any knowledge
Plea Sign		******	e of office	r		2009- Date	12-15	
Here		Signature	e or office	I		Date		
	-			CUTIVE DIRECTOR				
		T Type or	print nam	e and title				
		Preparer's	L Ma	A Lindley CDA	Date	Check if self-	Preparer's PTIN (See Gen Inst)
Paid		signature	• martha	A Lindley CPA		empolyed • 🔽		
Prepa	arer's	Firm's name		Lindley and Company llc		•		
Use C	Only	ıf self-emplo address, and		2033 Sixth Avenue Ste 1010			EIN 🕨	
		addicas, and					Phone no 🕨 (20	6) 332-0386
		<u> </u>		Seattle, WA 98121			1 (20	,
√ay t	he IR	S discuss t	hıs retui	n with the preparer shown ab	ove? (See instructions)			▼Yes No

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's Helping people achieve greater in		the power of	their choices		
2	Did the organization under the prior Form 990 or 990	-EZ?		rvices during the year w	which were not listed on	┌ Yes ┌ No
3	If "Yes," describe these ne Did the organization cease services?			changes in how it cond	ucts any program	┌ Yes ┌ No
	If "Yes," describe these ch	anges on Schedule C)			
4	Describe the exempt purpo Section 501(c)(3) and (4) others, the total expenses,	organizations and 49	947 (a)(1) tr	rusts are required to rep	port the amount of grants a	
4a	,				4,806,725) (Revenue \$ ions throughout the local commu ITY ASSISTANCE) nity APPROXIMATELY 9,829
4b	Long-Term care ombudsman p	(Expenses \$ rogram addressing legal n G COMPLAINTS Trained v	2,668,328 needs of elder olunteers pro	including grants of \$ ly residents of nursing/adult vide services of \$768,200 A) (Revenue \$ care homes Statewide program approximately 5,800 clients serve) through the Center, RECEIVING, d Over 22,000 volunteer visits
4c	·) (Revenue \$ 30 INDIVIDUALS AND 4,304 FAMII EER SERVICE) LIES TOTALING OVER 30,000
	(Code)	(Expenses \$	3,625,641	ıncludıng grants of \$) (Revenue \$)
4d	Other program services	(Describe in Schedul	e O)			
	(Expenses \$		g grants of	\$) (Revenue \$)
4e	Total program service ex	penses \$ 1	.4,307,527	' Must equal Part IX, L	ine 25, column (B).	

art IV	Checklist of	Required	Schedules
--------	--------------	----------	-----------

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliano	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	74			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
	gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this return	2a	129			
ь	If at least one is reported in 2a, did the organization file all required federal employing					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b		No
3a	Did the organization have unrelated business gross income of \$1,000 or more durin	g the	year covered by this			
	return?	• •		3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a		No
ь	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Re Financial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sł	nelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	natsu •••	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	trıbut	on of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services \boldsymbol{p}	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope		· ·	_		
	file Form 8282?			7c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	/ prem	nums on a personal	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onalh	enefit contract?	7£		No
	For all contributions of qualified intellectual property, did the organization file Form 8			71 7g		No
9 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f			/ y		110
	required?			7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a					
	supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the	spons	oring organization, have			N.a
	year?			8		No
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	٠ ،		9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12b				
	year	LIZD				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A.	Governing	Body and	d Management

			Yes	No				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 21							
Ь	Enter the number of voting members that are independent 1b 21							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νo				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo				
6	Does the organization have members or stockholders?	6		Νo				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No				
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		No				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νο				

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed WA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

DAVID BAUCH CPA 1200 South 336th Street Ste D Federal Way, WA 980030699 (253) 835-7678

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i		Posit	(C) chec	:k al				(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

(A) Name and Title	(B) Average hours per week		on at Institutional Trustee	appl	у)	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			<u> </u>				\vdash			
							Н			
			-		\vdash		Н			
							Ļ	470.404	.	
1b Total			•		•		<u> </u>	170,106	0	0
2 Total number of individuals (including	those in 1	a) who r	ecei	ved	mo	re thar	1 \$ 1	00,000 ın reportabl	e	

compensation from the organization►1

			Yes	No				
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee							
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo				
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such							
	ındıvıdual	4		Νo				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services							
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo				

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ZIII SECOND AVE W	long term care ombudsman legal advisor	107,000
2 Total number of independent contractors (including those in 1) who received more than \$	100.000 in compensation	

Part VIII Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a	53,813				
ants ints	ь	Membership dues	•				
Contributions, gifts, grants and other similar amounts	c	Fundraising events	34,379				
≅ੂ∄	d	Related organizations1d	I				
Ξ,ς	e	Government grants (contributions) 1e	9,518,409				
oution her s	f	All other contributions, gifts, grants, and similar amounts not included above	4,187,806				j
d at it	g	Noncash contributions included in	١				
8 ಬ	h	Innes 1a-1f \$ 2,816,121 Total (Add lines 1a-1f)		13,794,407			
			Business Code				
E E	2a	Prog serv revenue-Rela	900,099	574,277	574,277		
eve eve	b	Prog serv revenue-Unre	531,120	73,594		73,594	
e F	С						
<u>1</u>	d		_				
Ø.	e		_				
Program Serwoe Revenue	f	All other program service revenue					
<u>*</u>	g	Total. Add lines 2a-2f ► \$ 647,871					
	3	Investment income (including div					
		other sımılar amounts)		10,733			10,733
	4	Income from investment of tax-exempt t	oond proceeds				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross Rents 866,392					
	b	Less rental expenses					
	c	Rental income 866,392 or (loss)					
	d	Net rental income or (loss)		866,392	866,392		
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of					
		assets other than inventory					
	b	Less cost or other basis and					
		sales expenses Gain or (loss)					
	d d	Net gain or (loss)	<u> </u>				
	8a	Gross income from fundraising	<u> </u>				
		events (not including \$ 32,305					
пе		of contributions reported on line					
Other Revenue		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
Вe		\$15,000 a	34,379				
<u> </u>	ь	Less direct expensesb	19,252				
₹	С	Net income or (loss) from fundrais	sing events ▶-	13,053	13,053		
_	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G If total exceeds \$15,000					
		a					
	ь	Less direct expensesb	,				
	с	Net income or (loss) from gaming	activities 🕨				
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b	,				
	с	Net income or (loss) from sales of					
		Miscellaneous Revenue	Business Code				
	11a	Misc revenue-Related-	900,099	431,375	43,137,543		
	ь		-				
	С		-				
	d	All other revenue					
	e	Total. Add lines 11a-11d	\$ 431,375				
	12	Total Revenue. Add lines 1h, 2g,		15,763,831	1,885,097	73,594	10,733
		8c, 9c, 10c, and 11e					

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members	4,806,725	4,806,725		
5	Compensation of current officers, directors, trustees, and key employees	127,541	44,639	82,902	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	3,150,726	2,574,329		143,492
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
ь	Legal	150,331	150,331		
С	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	69,995	19,809	49,932	254
12	Advertising and promotion	9,915	6,587	845	2,483
13	Office expenses	412,653	371,426	-5,292	46,519
14	Information technology				
15	Royalties				
16	Occupancy	219,068	154,362	51,743	12,963
17	Travel	89,548	81,094	7,609	845
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	23,525	23,525		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	269,869	262,731	7,138	
23	Insurance	95,242	87,205	7,574	463
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	ın-kınd food, clothıng,	2,916,122	2,915,117		1,005
b	LONG TERM CARE SUBCONTR	1,855,990	1,849,809		6,181
с	housing propERTY EXPENS	866,612	855,875	8,556	2,181
d	education and training	112,575	103,963	6,322	2,290
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	15,176,437	14,307,527	650,234	218,676
26	Joint Costs. Check if if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				900 (2008)

Part X	Balance	Sheet

					(A)		(E	-
	1	Cash—non-interest-bearing			Beginning of year 78,409		End o	1,362,886
	2	Savings and temporary cash investments			1,021,167			1,302,000
	3	Pledges and grants receivable, net			36,386			39,957
	4	Accounts receivable, net			1,000,079			1,852,720
	5	Receivables from current and former officers, directors, trustees		mployees or	1,000,070	-		1,002,720
		other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		•		5		
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ Complete Part II of $3000000000000000000000000000000000000$				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
sts	9	Prepaid expenses and deferred charges			78,698	9		106,744
Assets	10a	Land, buildings, and equipment cost basis	10a	10,069,978				
7	b	Less accumulated depreciation Complete Part VI of Schedule D	10b	2,814,619		10c		7,255,359
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV, line 11 Complete Pa Schedule D	rt VII d	of		12		
	13	Investments—program-related See Part IV, line 11 Complete Part Schedule D.	art VIII			13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule			71,086			756,781
	1.0	D			8,613,933	15 16		1,374,447
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,053,665			1,876,561
	17 18	Accounts payable and accrued expenses .			1,000,000	18		1,070,001
	19	Grants payable			22,493	19		198,374
	20	Deferred revenue			22,493	20		190,574
Ø.		·				21		
Liabilities	21 22	Escrow account liability Complete Part IV of Schedule D Payable to current and former officers, directors, trustees, key	•	•		21		
iat.		employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties			2,543,351	23		3,659,273
	24	Unsecured notes and loans payable			109,623	24		174,211
	25	Other liabilities Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			3,729,132	26		5,908,419
-		Organizations that follow SFAS 117, check here ▶	lete lin	es 27				
		through 29, and lines 33 and 34.						
Balance	27	Unrestricted net assets			4,804,801	27		4,952,928
ရှိ	28	Temporarily restricted net assets			80,000	28		513,100
Fund	29	Permanently restricted net assets			0	29		0
Ful		Organizations that do not follow SFAS 117, check here ▶ ┌ and	d comp	let e				
or		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32		
Net	33	Total net assets or fund balances			4,884,801	33		5,466,028
	34	Total liabilities and net assets/fund balances			8,613,933	34	1	1,374,447
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Dart YT	Financial	Statements	and Reporting

	_			
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493032013030

OMB No 1545-0047

Employer identification number

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts.

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

MULTI	-SERVI	CE CENTER							712001	-		
Da	rt I	Peason	for Public C	harity Status (to be co	mnleted	hy all or	ganizatio		-712081! Instruct			
				ation because it is (Please					msuucu	.10115)		
1			•	nurches, or association of ch				-	'Δ)(i).			
2	<u>'</u>	•		t ion 170(b)(1)(A)(ii). (Attac			, occion .	170(1)(1)	.~ /(י/י			
3	<u>'</u>			e hospital service organizati		•	tion 170/	h)(1)(A)(i	ii) (Attac	h Schadul	la H \	
4	<u>'</u>	-	·	zation operated in conjuncti			-		• •		•	
-	'		-	•	OII WILII a I	ilospitai u	escribeu i	ii Section	170(D)(1)	(A)(III). L	inter the	
_	_	•	name, city, and					l h.,,			سيلم مايس	
5	,			for the benefit of a college or	universit	y owned o	roperated	i by a gove	emmeman	unit desc	nibea iii	
_	_			(Complete Part II)			-ti 170	/L\/4\/A\	···			
6	 	•	_	overnment or governmental								
7	<u>~</u>	=		ally receives a substantial p		support fro	om a gove	rnmentait	init or fror	n the gene	erai publi	С
_	_		-	o)(1)(A)(vi) (Complete Par	•							
8	<u> </u>		•	ped in Section 170(b)(1)(A)		•	-					
9	ı	_		ally receives (1) more than					•	·		oss
		•		lated to its exempt functions	-		•	,	•			
			J	estment income and unrelate			•			x) from bu	sinesses	ŀ
	_	·	_	on after June 30, 1975 See					•	_		
10	<u> </u>	=	-	and operated exclusively to	-		•				-	_
11	' _	one or more the box tha a T	e publicly suppo it describes the ype I b		d in section tion and c Type III	on 509(a) omplete li - Functioi	(1) or sec nes 11e t nally Integ	tion 509(a hrough 11 grated	a)(2) See h d	Section 5	09(a)(3) III - Ot	.Check her
e	ı	other than section 50	foundation man 9(a)(2)	rtify that the organization is agers and other than one or	more publ	licly suppo	orted orga	nizations (described	ın sectior	509(a)((1) or
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organi	zation,
g		check this Since Augi		as the organization accepted	d any gift	or contrib	utıon from	any of the	<u>!</u>			J
		following pe										
			•	r indirectly controls, either a		_	th persons	describe	d in (ii)		Yes	No
			· -	ng body of the the supported	_	tion?				11g		
		• • • • • • • • • • • • • • • • • • • •	•	erson described in (i) above						11g(_	
				ty of a person described in (11g(iii)	<u> </u>
h		Provide the	following inforr	mation about the organizatio	ns the org	janızatıon	supports					
	<i>,,,</i>	_	/···>	(····) = (
		ame of ported	(ii) EIN	(iii) Type of organization (described on lines 1-9		s the ation in		ou notify inization		is the ation in	(vii) Ar	
		nization		above or IRC section	_	listed in		i) of your		rganized	Supp	5011.
				(See Instructions))		verning		ort?		บ [ั] ร ?		
					docur	ment?						
					Yes	No	Yes	No	Yes	No		

Total

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	ked the box o	n line 5, 7, or	8 of Part I.)				
Pι	ublic Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	membership fees received (Do not	6,520,319	7,524,901	10,023,267	11,091,285		13,094,467	48,254,239
2	include any "unusual grants") Tax revenues levied for the organization's							
2	benefit and either paid to or expended on							
	its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	6,520,319	7,524,901	10,023,267	11,091,285		13,094,467	48,254,239
5	The portion of total contribution by each							
	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
6	(f) Public Support subtract line 5 from line							
О	4							48,254,239
T	otal Support	<u> </u>	1	I	I		<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	6,520,319	38,675	10,023,267	11,091,285	<u> </u>	13,094,467	48,254,239
8	Gross income from interest, dividends,							
_	payments received on securities loans,	51,059	38,675	58,372	28,264		10,196	186,566
	rents, royalties and income from similar	51,035	30,073	30,372	20,204		10,130	100,500
	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							48,440,805
12	Gross receipts from related activities, etc	(See instruction	s)			12		4,194,815
13	First Five Years. If the Form 990 is for the	organization's fi	rst. second. thir	d. fourth. or fifth	tax vear as a 5	01(c)('3)	·
	organization, check this box and stop here	- · 9 - · · · · · · · · · · · · · · · · · ·	,	-,	,	(-)(· · /	▶ ┌
C	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	olumn (f))		14		99.610 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15		
16a	33 1/3% Test - 2008. If the organization did	d not check the l	box on line 13. a	and line 14 is 33	3 1/3% or more.	check	this box	
	and stop here. The organization qualifies as				,			▶ ▽
b	33 1/3% Test - 2007. If the organization di	d not check the	box on line 13 o	r 16a, and line 1	15 is 33 1/3% o	r more	, check thi	
	box and stop here. The organization qualific							► □
17a	10% Facts and Circumstances Test - 2008.	-						
	more, and if the organization meets the "fac organization meets the "facts and circumst							w the ►
h	10% Facts and Circumstances Test - 2007.			•		_		,
	more, and if the organization meets the "fac							
	the organization meets the "facts and circu							" ▶□
18	Private Foundation. If the organization did							,
	instructions		,	•	•			▶ □

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	nme of the organization ILTI-SERVICE CENTER			Employer iden	ntıfıcatıon number
MO	CHI-SERVICE CENTER			23-7120815	
a r		y all organizations exem			
	•	e the instructions for Schedul	•		
		ganızatıon's dırect and ındırect po	litical campaign act	ivities in Part IV	
	Political expenditures				\$
	Volunteer hours				
a r	rt I-B To be completed be for Schedule C for de	oy all organizations exempetails.)	ot under section	1 501(c)(3). (See the	instructions
	Enter the amount of any excise	e tax incurred by the organization	under section 4955		\$
	Enter the amount of any excise	e tax incurred by organization mar	nagers under sectioi	n 4955	\$
	If the organization incurred in a	a section 4955 tax, did it file Forr	n 4720 for this year	?	┌ Yes ┌
a	Was a correction made?				☐ Yes ☐
Ь	If "Yes," describe in Part IV				
ar		y all organizations exemptor Schedule C for details.)	ot under section	1 501(c), except sect	tion 501(c)(3).
	Enter the amount directly expe	ended by the filing organization for	section 527 exemp	ot function activities	\$
	Enter the amount of the filing o 527 exempt funtion activities	rganızatıon's ınternal funds contr	buted to other orga	nizations for section	\$
	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add Ii	nes 1 and 2 and ent	er here and on Form	\$
	Did the filing organization file F	Form 1120-POL for this year?			☐ Yes ☐
	were made Enter the amount p political contributions received	nd Employer Identification Numbe paid and indicate if the amount wa d and promptly and directly delive action committee (PAC) If addition	s paid from the filing red to a separate po	ı organızatıon's own ınterna olitical organızatıon, such a	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of pol contributions rece and promptly a directly delivered separate politic organization If no enter -0-

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization Limits on Lo (The term "expenditure	bbying Expend	litures—		oly	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add line						
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)				
f	Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1				
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c				
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

Part II-B	To be completed by	organizations exempt under section 501(c)(3) that have NOT filed Form
	5768 (election under	section 501(h)). (See the instructions for Schedule C for details.)

		(a	(a)		(b)	
		Yes	No		A moun	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	V olunteers?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo	1		
c	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
e	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νο			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			1	18,899
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo			
i	Other activities If "Yes," describe in Part IV		Νο			
j	Total lines 1c through				1	L8,899
	11	ı				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νο	4		
Ь	If "Yes" enter the amount of any tax incurred under section 4912					
	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			<u> </u>		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A To be completed by all organizations exempt under section 501(c)(4), se section 501(c)(6). (See the instructions for Schedule C for details.)	ction	501(c)(5), or 	
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		<u> </u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), se section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" question 3 is answered "Yes." (See the instructions for Schedule C for details.)	ction OR if	501(d Part	ະ)(5 Ⅲ- <i>₽</i>), or 	
1	Dues, assessments and similar amounts from members		1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current Year		2a \$			
b	Carryover from last year	-	2b\$			
С	Total	<u> </u>	2c \$			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3 \$			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	al				

Part IV Supplemental Information

expenditure next year?

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

Ident if ier	Return Reference	Explanation

4 \$

5 \$

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

For Paperwork Reduction Act Notice, see the Intructions for Form 990

DLN: 93493032013030

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2008

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Name of the organization **Employer identification number** MULTI-SERVICE CENTER 23-7120815 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form 99	0, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the o		or advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		
Pa	rt II Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating in the protection of natural habitat. Preservation of open space	on or pleasure) Preservation of an Preservation of ce	historically importantly land area
2	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	fied conservation contribution in the form	of a conservation easement
	on the last day of the tax year		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement:	s	2b
c	Number of conservation easements on a certified hi		2c
d	Number of conservation easements included in (c) a	. ,	2d
3	Number of conservation easements modified, transfe	•	d by the organization during
_	the taxable year 🕨	,, cga, c cc	or of the constant of the cons
4 -	Number of states where property subject to conserva		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►
7	A mount of expenses incurred in monitoring, inspectir	ng, and enforcing easements during the ye	ear ► \$
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	rtion Yes No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial	
Par	TIII Organizations Maintaining Collection Complete if the organization answered "		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i	•
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		- \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		► \$

Cat No 52283D

3	Organizations Maintaining Collections of A							
	Using the organization's accession and other records, check items (check all that apply)	any of th	ne foll	owing that ar	e a sıgnıfıcant u	se of its collectio	n	
а	Public exhibition	d	Γ	Loan or exc	hange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections and ex Part XIV	plaın hov	w the	further the o	organization's ex	empt purpose in		
5	During the year, did the organization solicit or receive donation assets to be sold to raise funds rather than to be maintained						Yes	┌ No
Par	Trust, Escrow and Custodial Arrangement Part IV, line 9, or reported an amount on Form				ınızatıon answ	ered "Yes" to F	orm 9	90,
1a	Is the organization an agent, trustee, custodian or other interincluded on Form 990, Part X?	mediary	for c	ontributions (or other assets		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following t	able						
						A mou	ınt	
с	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f	_		
2a	Did the organization include an amount on Form 990, Part X,	line 21?				Γ	Yes	No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the organizat						\= \ <i>\</i>	
	(a)Current Year	(b	Prior `	rear (c) iw	o Years Back (d)	Three Years Back (e	e)Four Y	ears Back
1a L	Beginning of year balance	_						
b	Contributions							
с	Investment earnings or losses							
d	Grants or scholarships	_						
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end balance he							
		ld as						
а	Board designated or quasi-endowment	ld as						
a b		ld as						
b	Board designated or quasi-endowment ► Permanent endowment ►	ld as						
_	Board designated or quasi-endowment ► Permanent endowment ► Term endowment ►		that a	are held and a	dministered for	the		
b c	Board designated or quasi-endowment ► Permanent endowment ►		that a	are held and a	dministered for	the	Yes	No
b c	Board designated or quasi-endowment ► Permanent endowment ► Term endowment ► Are there endowment funds not in the possession of the organ		that a	are held and a	dministered for	3a(i)	Yes	No
b c 3a	Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organorganization by (i) unrelated organizations	nization 			dministered for	3a(i)	Yes	No
b c 3a b	Board designated or quasi-endowment Permanent endowment Permanent endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations	nization ired on S	Sched	 ule R?	dministered for	3a(i)	Yes	No
b c 3a b	Board designated or quasi-endowment Permanent endowment Permanent endowment Permanent endowment Permanent endowment Permanent endowment Permanent endowment funds not in the possession of the organization by (i) unrelated organizations	nization	ched	· · · · · · · · · · · · · · · · · · ·		3a(i)	Yes	No No
b c 3a b	Board designated or quasi-endowment Permanent endowment Permanent endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations	nization ired on S	sched ent fu	ule R?	art X, line 10.	3a(i)	Yes	No
b c 3a b	Board designated or quasi-endowment Permanent endowment Permanent endowment Permanent endowment Permanent endowment Permanent endowment Permanent endowment funds not in the possession of the organization by (i) unrelated organizations	nization ired on S	ent fu	· · · · · · · · · · · · · · · · · · ·		3a(i)		No
b c 3a b 4 Par	Board designated or quasi-endowment Permanent endowment Parmanent endowment Parmanent endowment Parmanent endowment Parmanent endowment funds not in the possession of the organization by (i) unrelated organizations	nization ired on S	ent fu	ule R? nds orm 990, Pa	art X, line 10.	3a(i) 3a(ii) 3b	(d) Bo	ook value
b c 3a b 4 Par	Board designated or quasi-endowment Permanent endowment Paremendowment Paremendowment Paremendowment Paremendowment funds not in the possession of the organization by (i) unrelated organizations	nization ired on S	ent fu	ule R? nds orm 990, Pa	art X, line 10. (b)Cost or other basis (other)	3a(i) 3a(ii) 3b	(d) Bo	ook value
b c 3a b 4 Par	Board designated or quasi-endowment ► Permanent endowment ► Term endowment ► Are there endowment funds not in the possession of the organization by (i) unrelated organizations	nization ired on S	ent fu	ule R? nds orm 990, Pa	art X, line 10. (b)Cost or other basis (other) 1,449,100	3a(i) 3a(ii) 3b	(d) Bo	ook value
b c 3a b 4 Par	Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organ organization by (i) unrelated organizations	nization ired on S	ent fu	ule R? nds orm 990, Pa	art X, line 10. (b)Cost or other basis (other) 1,449,100	3a(i) 3a(ii) 3b	(d) Bo	ook value 1,449,100
b	Board designated or quasi-endowment Permanent endowment Paremendowment Paremendowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organizations listed as required by the part XIV the intended uses of the organization's of the triangle of the part XIV the intended uses of the organization's of the triangle of triangle of the triangle of t	nization	sched ent fu see F (a) bass	ule R? nds orm 990, Pa Cost or other s (investment)	art X, line 10. (b)Cost or other basis (other) 1,449,100	(c) Depreciation	(d) Bo	

uncertain tax positions under FIN 48

(a) Description of security or cateory		. (c) Method of valuation	
(including name of security)	(b)Book value	Cost or end-of-year marke	
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
	+		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) >		
Total. (Column (b) Should equal Form 990, Part A, Col (b) line 12	<u>,</u>		
Part VIII Investments—Program Related.	See Form 990, Part X, line 1		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
		Cost of end-of-year marke	et value
	+		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) 🕨		
Part IX Other Assets. See Form 990, Part >			
(a) De	scription	(b) Bo	ok value
PLEDGES RECEIVEABLE, LONG TERM			756,781
Tabel (Column (b) about desired France 200, Book V, and (B) V		_	756 701
Total. (Column (b) should equal Form 990, Part X, col.(B) Part X			756,781
(a) Description of Liability	(b) A mount		
Federal Income Taxes	(a) / mount		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) F		
In Part XIV, provide the text of the footnote to the orga	inization's financial statements th	nat reports the organization's liabilit	ty for

_	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	1ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	15,763,831
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,176,437
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	587,394
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-6,167
9	Total adjustments (net) Add lines 4 - 8	9	-6,167
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	581,227
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	ırn
1	Total revenue, gains, and other support per audited financial statements	1	15,578,510
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	(
3	Subtract line 2e from line 1	3	15,578,510
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	185,321
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	15,763,831
•	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	14,881,829
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
Ь	Prior year adjustments		
С -	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	14001036
3	Subtract line 2e from line 1	3	14,881,829
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		204.60
С -	Add lines 4a and 4b	4c	294,608
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	15,176,437

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Ret urn Reference	Explanation
		THE MULTI-SERVICE CENTER PURCHASED A LOW-INCOME HOUSING RESIDENTAL LIVING UNIT IN FISCAL YEAR ENDED JUNE 30, 2007 THIS ONE MEMBER LIMITED LIABILITY COMPANY, FERN HILL TERRACE LLC, UNDER WASHINGTON STATE LAW, DOES NOT FILE A PARTNERSHIP RETURN UNDER THE REVISED 2008 FORM 990, IT HAS BEEN COMBINED WITH THE MULTI-SERVICE CENTER AS IT IS A DISREGARDED ENTITY FOR TAX REPORTING PURPOSES

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493032013030

OMB No 1545-0047

2008

Supplemental Information Regarding SCHEDULE G (Form 990 or 990-EZ) **Fundraising or Gaming Activities**

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

	ne of the organization LTI-SERVICE CENTER					Employer ide	ntification number				
						23-712081	5				
Pa	rt I Fundraising Act	tivities. Complet	e if the oi	rganızat	ion answered "Yes"	to Form 990, Part I\	/, line 17.				
1	Indicate whether the organization raised funds through any of the following activities Check all that apply										
а	Mail solicitations				· · · · · · · · · · · · · · · · · · ·	non-government grants					
b	<u> </u>										
C	Phone solicitations				g ✓ Special fundrai	sing events					
d	✓ In-person solicitations										
2a b	or key employees listed in	Form 990, Part VII) or entity	ın connec	ction with professional f	fundraising activities?	√ Yes 				
	If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table										
	(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No							
		-									
		1									
				<u> </u>							
Tota	al										

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa		Fundraising Events. Component than \$15,000 on Form					терогс	.eu
			(a) Event #1 ANNUAL CRAB FEED	(b) Event #2	(c) O ther Events	(Add col	tal Eve (a) the	
			(event type)	(event type)	(total number)			
Ð,	1	Gross receipts	66,684				66	5,684
Revenue	2	Less Charitable contributions	34,379				34	4,379
	3	Gross revenue (line 1 minus line 2)	32,305				32	2,305
	4	Cash Prizes						
Ses	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
ă	7	Other direct expenses	19,252				19	9,252
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)			19	9,252
	9	Net income summary Combine lir	nes 3 and 8 ın column (d)		•		13	3,053
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	art IV, line 19, or rep	orted mor	e than	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
œ	1	Gross revenue				+		
	2	Cash prizes						
ben	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	┌ Yes% ┌ No	┌ Yes <u> </u>	┌ Yes%			
	7	Direct expense summary Add lines	s 2 through 5 in column (d)		,		
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	🛌			
_							Yes	No
9 a		er the state(s) in which the organiza the organization licensed to operate				. 9a		
b	If"	No," Explain						
10a	Wei	re any of the organization's gaming l	ıcenses revoked, suspen	ded or terminated during	g the tax year?	10a		
b	If"	Yes," Explain						
11 12		es the organization operate gaming a :he organization a grantor, beneficiar				11		
		ned to administer charitable gaming				. 12		

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

DLN: 93493032013030

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspect ion

Employer identification number

MULTI-SERVICE CENTER						23-7120815	
Part I General Inform	mation on Gra	nts and Assistanc	e			1	
Does the organization ma the selection criteria useDescribe in Part IV the or	d to award the grai	nts or assistance?					▼ Yes □
Form 990, Part I Part IV and Scho	IV, line 21 for ar edule I-1 if addi	ny recipient that rec tional space is	eived more than \$5,0	000. Check this box	tes. Complete if the oil if no one recipient reco	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of sec organizations		-			•		14
3 Enter total number of other	er organizations .		<u> </u>		<u> </u>	<u> </u>	0
For Paperwork Reduction Act Not	ice, see the Instruct	tions for Form 990.		Cat No 50055	P	Sci	nedule I (Form 990) 2008

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990,	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 SUBRECIPIENT MONITORING UNDER OMB CIRCULAR A-133 OF PASS-THROUGH FUNDING
<u> </u>		
1		

Software ID: Software Version:

EIN: 23-7120815

Name: MULTI-SERVICE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule I, Pa	<u>rt II, Grants a</u>	nd Other Assistance	<u>ce to Government</u>	<u>s and Organizatio</u>	ns in the United St	ates	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGING AND ADULT CARE OF CENTRAL WASHINGTON 50 SIMON ST SE EAST WENATCHEE, WA 98802	91-1457020		69,926				SUBRECIPIENT OF LONG-TERM CARE OMBUDSMAN FUNDING
BLUE MOUNTAIN ACTION COUNCIL342 CATHERINE ST WALLA WALLA, WA 99362	91-0793597		65,013				SUBRECIPIENT OF LONG-TERM CARE OMBUDSMAN FUNDING
COASTAL COMMUNITY ACTION PROGRAM117 EAST THIRD ST ABERDEEN, WA 98520	91-6066958		30,174				SUBRECIPIENT OF LONG-TERM CARE OMBUDSMAN FUNDING
SOLID GROUND1501 N 45TH ST SEATTLE, WA 98103	23-7421892		379,819				SUBRECIPIENT OF LONG-TERM CARE OMBUDSMAN FUNDING
LEWIS MASON THURSTON AREA AGENCY ON AGING 3603 MUD BAY RD STE A OLYMPIA,WA 98502	91-1431507		69,261				SUBRECIPIENT OF LONG-TERM CARE OMBUDSMAN FUNDING
LOWER COLUMBIA CLARK AREA AGENCY ON AGING 7732 NE HAZEL DRIVE AVE VANCOUVER, WA 98665	91-0814141		31,096				SUBRECIPIENT OF LONG-TERM CARE OMBUDSMAN FUNDING
LOWER COLUMBIA COWLITZ AREA AGENCY ON AGING1526 COMMERCE AVENUE LONGVIEW, WA 98632	91-0814141		99,536				SUBRECIPIENT OF LONG-TERM CARE OMBUDSMAN FUNDING
SKAGIT COMMUNITY ACTION AGENCY330 PACIFIC PLACE MT VERNON,WA 98273	91-1140086		73,402				SUBRECIPIENT OF LONG-TERM CARE OMBUDSMAN FUNDING
OLYMPIC AREA AGENCY ON AGING11700 RHODY DR PORT HADLOCK, WA 98339	58-2384359		31,678				SUBRECIPIENT OF LONG-TERM CARE OMBUDSMAN FUNDING
PIERCE COUNTY HUMAN SERVICES COUNCIL3580 PACIFIC AVENUE TACOMA,WA 98418	91-6001359		126,455				SUBRECIPIENT OF LONG-TERM CARE OMBUDSMAN FUNDING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States						
(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
91-1311127		130,865				SUBRECIPIENT OF LONG-TERM CARE OMBUDSMAN FUNDING
91-6001368		138,105				SUBRECIPIENT OF LONG-TERM CARE OMBUDSMAN FUNDING
91-1019392		53,708				SUBRECIPIENT OF LONG-TERM CARE OMBUDSMAN FUNDING
91-6001348		45,327				SUBRECIPIENT OF LONG-TERM CARE OMBUDSMAN FUNDING
	(b) EIN 91-1311127 91-6001368	(b) EIN (c) IRC Code section if applicable 91-1311127 91-6001368	(b) EIN (c) IRC Code section if applicable (d) A mount of cash grant 91-1311127 130,865 91-6001368 138,105 91-1019392 53,708	(b) EIN (c) IRC Code section if applicable (d) A mount of cash grant (e) A mount of non-cash assistance 91-1311127 130,865 91-6001368 138,105 91-1019392 53,708	(b) EIN(c) IRC Code section if applicable(d) A mount of cash grant(e) A mount of non-cash assistance(f) Method of valuation (book, FMV, appraisal, other)91-1311127130,86591-6001368138,105	(b) EIN (c) IRC Code section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance 91-1311127 130,865 138,105 138,105 91-1019392 53,708 139,708

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493032013030

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

2008

Department of the Treasury Internal Revenue Service Compensated Employees

Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Name of the organization MULTI-SERVICE CENTER

Employer identification number

23-7120815

Pa	Questions Regarding Compensation					
					Yes	Νο
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to					
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a writte provision of all the expenses described above? If "No,"			1b		
2	Did the organization require substantiation prior to reim officers, directors, trustees, and the CEO/Executive Di		,	2		
3	Indicate which, if any, of the following the organization to organization's CEO/Executive Director Check all that		·			
	✓ Compensation committee		Written employment contract			
	Independent compensation consultant	_	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Par	t V I	I, Section A, line 1a			
а	Receive a severance payment or change of control payi	men	t?	4a		Νo
b	Participate in, or receive payment from, a supplemental	lnor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-base	d co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provid	de tl	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must compl	lete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of	e 1 a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	e 1 a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," desc		, ,	7		Νο
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Re in Part III			•		N.o.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
james estes (i	38,867					38,867	
(iii)						
(i)							
(iii)						
(i)							
(ii)						
(i)							
(iii)						
(i))						
(iii)						
(i))						
(ii)						
(i)							
(ii)						
(i)							
(iii)						

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	·	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493032013030

OMB No 1545-0047

Open to Public Inspection

Non-Cash Contributions

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Name of the organization MULTI-SERVICE CENTER

Employer identification number 23-7120815

Pā	It I Types of Property	,						
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of do reven	etermı	nıng	
1	Art—Works of art	аррисавіс		1.9				
	Art—Historical treasures							
	Art—Fractional interests							
	Books and publications							
	Clothing and household	х		334,283	\$1 50 PER POUND			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Q ualified conservation							
	contribution (other)							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory	X		1,119,344	WA STATE EFAP \$	1 50 L	.В	
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other (describe)							
	Other (describe)							
	Other (describe)							
	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	33, Part IV, Donee	ar for contributions for	29			
30a	During the year, did the organiza hold for at	ition receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it must		Yes	No
	least three years from the date o	of the initial	contribution, and which is	not required to be used for e	exempt purposes			
	for the entire holding period? .					30a		No
	If "Yes", describe the arrangeme							
31	Does the organization have a gif	tacceptand	ce policy that requires the	review of any non-standard	contributions?	31	<u> </u>	Νo
32a	Does the organization hire or us contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell i	non-cash	32a		Νo
8 33	If "Yes", describe in Part II If the organization did not report	revenues i	in Column (c) for a type of r	property for which Column (s	a) is			
	checked, describe in Part II		Stanin (s) for a type of p		.,			

Page 2 Schedule M (Form 990) 2008 Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Identifier ReturnReference Explanation Part I, Column (b) Method for Determining Number of DONATIONS RECEIVED THROUGHOUT THE YEAR -ACKNOWLEDGEMENTS NOT GIVEN FOR FOOD AND Contributors CLOTHING ITEMS DUE TO THE AMOUNT RECEIVED AT THIS VERY LARGE DONATION SITE

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization MULTI-SERVICE CENTER

Employer identification number

23-7120815

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Low Income housing services - Homeless prevention, housing stabilization Emergency, Transitional, Permanent 477 units-single family, Apartments, Commercial, Mixed use 87 Emergency shelter families, 68 transitional housing families 57 Volunteers, 317 Hours Served Expenses \$ 3625641 including grants of \$ 0 Revenue \$ 0

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE DRAFT FORM 990 IS EMAILED TO THE FINANCE COMMITTEE PRIOR TO SIGNING AFTER IT HAS BEEN REVIEWED AND APPROVED, IT IS SIGNED BY THE EXECUTIVE DIRECTOR

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		MSC BOARD HAS A "CONFLICT OF INTEREST" POLICY AND DOES NOT ENGAGE IN ANY TRANSACTION WHICH PRESENTS A CONFLICT OF INTEREST EITHER IN FACT OR APPEARANCE PER THE POLICY, ANY ACTUAL OR POTENTIAL CONFLICT IF INTEREST MUST BE DISCLOSED TO THE BOARD OF DIRECTORS AT A MEETING OF THE FULL BOARD

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE CHIEF EXECUTIVE OFFICER'S SALARY IS REVIEWED BY THE PERSONNEL COMMITTEE ANNUALLY RECOMMENDATIONS FOR ADJUSTMENT ARE BASED ON PERFORMANCE AGAINST ESTABLISHED GOALS AND COMPARISON OF COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE POSITIONS AT SIMILAR SITUATED ORGANZATIONS SUCH COMPARISIONS ARE GENERALLY BASED ON UNITED WAY SALARY SURVEYS OF NONPROFIT ORGANIZATIONS IN KING AND SNOHOMISH COUNTIES ONCE THE PERSONNEL COMMITTEE HAS REVIEWED PERFORMATNCE OBJECTIVES AND OUTCOMES, THERE IS AN EXECUTIVE SESSION HELD WITH THE FULL BOARD OF DIRECTORS AT WHICH TIME THE PERFORMANCE REVIEW IS ACCEPTED AND ANY SALARY ADJUSTMENTS ARE RECOMMENDED THE BOARD THEN ADJOURNS TO EXECUTIVE SESSION AND RECONVENES INTO A REGULAR MEETING AND MAKES THE FINAL RECOMMENDATION WHICH IS RECORDED IN THE OFFICIAL BOARD MINUTES

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Audited OMB circular A-133 financial statements are available on the federal clearinghouse wiebsite

ldentifier	Return Reference	Explanation
FORM 990- D, PART IV		THE MULTI-SERVICE CENTER PURCHASED A LOW-INCOME HOUSING RESIDENTAL LIVING UNIT IN FISCAL YEAR ENDED JUNE 30, 2007 THIS ONE MEMBER LIMITED LIABILITY COMPANY, FERN HILL TERRACE LLC, UNDER WASHINGTON STATE LAW, DOES NOT FILE A PARTNERSHIP RETURN UNDER THE REVISED 2008 FORM 990, IT HAS BEEN COMBINED WITH THE MULTI-SERVICE CENTER AS IT IS A DISREGARDED ENTITY FOR TAX REPORTING PURPOSES

DLN: 93493032013030

OMB No 1545-0047

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Open to Public Inspection

Name of the organization MULTI-SERVICE CENTER	Employer identification number				
MOLIT-SERVICE CENTER				23-7120815	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity Legal domicile (state or foreign country) (D) Total incor		(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
MSC FERN HILL TERRACE LLC 1200 s 336th st ste D FEDERAL WAY, WA 98003 20-5385809	LOW INCOME RESIDENTAL RENTAL	WA	185,331	1,237,999	MULTI-SERVICE CENTER
Part II Identification of Related Tax-Exempt Organiza	tions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
SOUTH COUNTY AREA HUMAN SERVICES ALLIANCE 1230 S 336TH ST STE D FEDERAL WAY, WA98003 20-0296889	LEASE SPACE TO SOCIAL SERVICE AGENCIES	WA	3	public charity	multi-service center executive director is Board
msc foundation 1230 S 336TH ST STE D fEDERAL WAY, WA98003 26-1207394	funding for the services of the multi-service center	WA	3	public charity	MSC Exec Director is board president remaining members are MSC board member

Part III	Identification of	Related	Organizations	Taxable	as a	Partnership
----------	-------------------	---------	---------------	---------	------	--------------------

					<u>. </u>						
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets		(F) spropritionate llocations? Code V—UBI amount on Box 20 of K-1		Gene mana	(J) eral or naging rtner?
					1		Yes	No	1	Yes	No
HAWTHORNE LANE GRAHAM ASSOCIATES 1230 S 336TH ST FEDERAL WAY, WA98003 20-5394101	LOW INCOME HOUSING	WA	MSC HAWTHORNE LANE GP LLC	RENTAL	3	3		No	3	Yes	
MSC GP TWO APARTMENT LLC (TECHNICAL TERMINATION 92508) 1230 S 336TH ST FEDERAL WAY, WA98003 20-3001297	LOW INCOME HOUSING	WA	multi-service center	RENTAL	-13			No		Yes	
FEDERAL WAY, WA98003 20-3001297	LOW INCOME HOUSING	WA	multı-service center	RENTAL	-4	22,923		No		Yes	
FEDERAL WAY, WA98003 74-3144652	LOW INCOME HOUSING	WA	multı-service center	RENTAL	-38	-62		No	38	Yes	
MSC RADCLIFFE PLACE ASSOCIATES LLC 1230 S 336TH ST FEDERAL WAY, WA98003 20-1747197	LOW INCOME HOUSING	WA	MSC PROPERTIES INC	RENTAL	-86	13,004		No	1	Yes	
SKCMSC federal way associates lp - technical termination 1230 S 336TH ST fedERAL WAY, WA98003 91-2023309	low INCOME HOUSING	WA	multi-service center	rental income	-4			No		Yes	
sKCMSC federal way associates lp 1230 S 336TH ST fEDERAL WAY, WA98003 91-2023309	IOW INCOME HOUSING	WA	multı-service center	rENTAL	-12	-11		No		Yes	

Dort TV	Identification of Related Organizations Taxable as a Cornoration or Trus	-+
	IDENTIFICATION OF RELATED UPDANIZATIONS LAXABLE AS A COPPOPATION OF FRUS	ST.

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
msc properties inc 1200 s 336th st ste d federal way, WA98003 20-1747197	low-income housing	WA		С	-72	13,004	0 500 %
						_	

Part V Transactions with Related Organization

Part V Transactions with Related Organizations			
Note. Complete line 1 if any entity is listed in Parts II, III or IV	_	Ye	s N
LDuring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed	ın Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		N
b Gift, grant, or capital contribution to other organization(s)	<u>1b</u>	Ye	s
c Gift, grant, or capital contribution from other organization(s)	1c		N
d Loans or loan guarantees to or for other organization(s)	1d	Ye:	s
e Loans or loan guarantees by other organization(s)	<u>1e</u>	:	
f Sale of assets to other organization(s)	<u>1f</u>		N
g Purchase of assets from other organization(s)	<u>19</u>	_	_ <u></u> _
h Exchange of assets	<u>1h</u>		
i Lease of facilities, equipment, or other assets to other organization(s)	11		<u> </u>
j Lease of facilities, equipment, or other assets from other organization(s)	11	Ye	_
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		-
	11		+
Performance of services or membership or fundraising solicitations by other organization(s)	110		+
m Sharing of facilities, equipment, mailing lists, or other assets	110		+
n Sharing of paid employees			+"
• Reimbursement paid to other organization for expenses	10		+
p Reimbursement paid by other organization for expenses	1p	,	T 1
q Other transfer of cash or property to other organization(s)	1q	1	T N
r Other transfer of cash or property from other organization(s)	1r		N
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covere	ed relationships and transaction thresholds		
(A) (B)	(C)		

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	msc foundation	В	100,000
(2)	south county area human services	J	83,944
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_			
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	partners section 501(c)(3) organizations?		section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No		
			•	•		•		Cabadul	. D / Farms	9907 2008		

Software ID: Software Version:

EIN: 23-7120815

Name: MULTI-SERVICE CENTER

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

Form 990, Schedule R, Pa	ırt III - Identific	1	Related Orga	nizations Tax	rable as a Partner	ship			1		,
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	Controlling Entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income ' (\$)	(G) Share of end-of-year assets (\$)	(H) Disprop allocati	prtionate tions?	(I) Code V-UBI amount on Box 20 of Schedule K- 1 (Form 1065) (\$)	Gene	(J) eral or naging tner?
							Yes	No		Yes	No
	LOWINCOME HOUSING		MSC HAWTHORNE LANE GP LLC	RENTAL	3	3		No	3	Yes	
1230 S 336TH ST FEDERAL WAY, WA98003 20-3001297	LOWINCOME HOUSING	WA	multi-service center	RENTAL	-13			No		Yes	
	LOWINCOME HOUSING	WA	multi-service center	RENTAL	-4	22,923		No		Yes	
1 / 30 6 3 36 1 4 6 1	LOWINCOME HOUSING	WA	multi-service center	RENTAL	- 38	-62		No	38	Yes	
	LOWINCOME HOUSING	10/0	MSC PROPERTIES INC	RENTAL	-86	13,004		No	1	Yes	
	low INCOME HOUSING	WA	multi-service center	rental income	-4			No		Yes	
sKCMSC federal way associates lp 1230 S 336TH ST fEDERAL WAY, WA 98003 91-2023309	IO W INCOME HOUSING	WA	multi-service center	rENTAL	-12	-11		No		Yes	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Department of the Treasury Internal Revenue Service

DLN: 93493032013030

OMB No 1545-0172

Depreciation and Amortization (Including Information on Listed Property)

	▶	See separate instructions	s. 🕨 Attach	to your tax re	turn.		Sequence No 67
Name(s) shown on return		Business or a	ctivity to which	this form rela	ites I	dent if yin	g number
MULTI-SERVICE CENTE	R	Form 000 Ba	aa 10		,	2 71200) 1 E
Part I Election	To Expense (Form 990 Page Certain Property Un	-	179		23-71208	315
	•	isted property, comple			plete Part I	ſ.	
		for a higher limit for cert		_		. 1	250,000
2 Total cost of section :	179 property plac	ced in service (see instru	ctions) .			. 2	
3 Threshold cost of sec	tion 179 property	y before reduction in limit	atıon (see ınstr	uctions) .		3	800,000
4 Reduction in limitation	n Subtract line 3	from line 2 If zero or les	s, enter - 0 -			. 4	
5 Dollar limitation for ta	x vear Subtract	line 4 from line 1 If zero	or less, enter - (O- If married	filing		
separately, see instru	•					. 5	
(a) [Description of pro	perty	1 ' '	(business use	(c) Elect	ted cost	
6	· · ·		1	only)			
							-
7 Listed property Enter	the amount from			. 7			┦
		erty Add amounts in coli	umn (c) lines 6			. 8	-
9 Tentative deduction 1		•	ullili (c), lilles o	and /		. 9	
10 Carryover of disallower							
11 Business income limitation		•		e instructions)		. 10	
		·		•		11	
12 Section 179 expense						12	
13 Carryover of disallower				13			
Note: Do not use Part) (G
Part II Special D 14 Special depreciation a		Allowance and Othe					y) (See instructions)
tax year (see instruct		illied property (other than	riisted property) placed ili se	TVICE during	14	
15 Property subject to se		election				15	
16 Other depreciation (in						. 16	268,326
		Do not include listed p	property.) (Se	e instructio	ns.)		
			ction A		,		
17 MACRS deductions fo	r assets placed ı	n service in tax years be	gınnıng before 2	008		. 17	
18 If you are electing	to group any a	ssets placed in servic	e during the t	ax year ınto	one or mo	re	
general asset acco	unts, check hei	re			▶Γ	_	
Section B-Ass	ets Placed in	Service During 200	08 Tax Year	Using the	General D	eprecia	ition System
		(c) Basis for					
(a) Classification of	(b) Month and year placed in	depreciation (business/investment	(d) Recovery	(e) Convent	ıon (f) Me	athod	(g)Depreciation
property	service	use	period	(c) convent	(1)	inou	deduction
		only—see instructions)					
19a 3-year property							
b 5-year property							
c 7 - year property							
d 10-year property						\longrightarrow	
e 15-year property f 20-year property							
g 25-year property			25 yrs		S/L		
h Residential rental			27 5 yrs	ММ	S/L		
property			27 5 yrs	мм	S/L		
i Nonresidential real			39 yrs	мм	S/L		
property				мм	S/L	-	
Sect i	on C—Assets Plac	ced in Service During 2008	8 Tax Year Usin	g the Alternat	ive Deprecia	tion Syst	em
20a Class life					S/	L	
b 12-year			12 yrs		S/I	L	
c 40-year	<u> </u>		40 yrs	MM	S/	L	
	ry (See instruc						1
21 Listed property Enter						21	
22 Total. Add amounts fr and on the appropriate		14 through 17, lines 19 urn Partnerships and Sc			e 21 Enterh	ere 22	268,326
23 For assets shown abo	-	•	-				
portion of the basis at	•	-		23			

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment deduction vehicles first) basis Convention service use period use only) cost percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 4 Vehicle 1 Vehicle 3 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use No No Yes No No No Yes Yes Yes Yes Yes No during off-duty hours? . . . 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

amount section this year begins percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 1,543 44 Total. Add amounts in column (f) See the instructions for where to report 44

Software ID: Software Version:

EIN: 23-7120815

Name: MULTI-SERVICE CENTER

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa		Posit t	(C lion (chec)				(E)	(F) Estimated amount of other compensation from the organization and related organizations
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	
agnew creigh h , member	1 00	X						0	0	0
bogart dan , member	1 00	Х						0	0	0
carnahan john , VICE PRESIDENT	1 00	Х		Х				0	0	0
gordon michael , PRESIDENT	1 00	Х		Х				0	0	0
hulse dennis w , member	1 00	Х						0	0	0
kelly stewart d , member	1 00	Х						0	0	0
landen rıchard , member	1 00	Х						0	0	0
ana cristina molina-mcc , member	1 00	Х						0	0	0
peoples linda , member	1 00	Х						0	0	0
pierson thomas a , TREASURER	1 00	Х		Х				0	0	0
priest skip , member	1 00	Х						0	0	0
rawson lorrainne , member	1 00	Х						0	0	0
shea dan , member	1 00	Х						0	0	0
sheller john , member	1 00	Х						0	0	0
stumpf john , member	1 00	Х						0	0	0
tealer lonnie , member	1 00	Х						0	0	0
tracy maria m , member	1 00	Х						0	0	0
tust chrislyn , member	1 00	Х						0	0	0
wilford janer , member	1 00	Х						0	0	0
thordarson roger , member	1 00	Х						0	0	0
wroblewski bob , SECRETARY	1 00	Х		Х				0	0	0
joe fain , member	1 00	Х						0	0	0
david bauch cpa , chief financial officer	40 00				Х			25,253	0	0
james estes , chief financial officer	40 00				Х			38,867	0	0
DINI DUCLOS , EXECUTIVE DIRECTOR	40 00					х		105,986	0	0
mı-jeong kım hanm , member	1 00						Χ	0	0	0
joe poka kaa iii , member	1 00						Х	0	0	0